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ABSTRACT

The purpose of this paper is to examine the efforts that scholars in a wide variety of disciplines have made to understand the communication dimension of the health care system. Sixty-nine doctoral research studies conducted between 1975 and 1977 were surveyed, highlighting the methodologies they used, the hypotheses they explored, and their subjects of investigation. The criteria used in the survey came from a summary of a similar study that evaluated hospital organizational communication research during the decade 1960-1970. A critical appraisal is made of the relevancy of the 69 research studies to the current communication problems that health care facilities encounter, and future research needs are discussed. The surveyed studies are listed by type and topic, as well as in bibliographic form. (RL)

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RECENT DOCTORAL RESEARCH IN HOSPITAL ORGANIZATIONAL COMMUNICATION: A CRITIQUE

BY

ROGER W. AND SALLY A. HITE

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Roger W. Hite
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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

Paper presented at the
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AN OVERVIEW

The study of the American health care system is warranted by a variety of social, economic, and political exigencies. The passage of Medicare legislation in 1965, and the recent efforts of the Carter administration to create a National Health Insurance program suggests that many believe health care is a fundamental right of all Americans. It is ironic, though, that as Congress struggles to expand the scope of health care coverage virtually to all citizens, and as it debates methods for controlling and regulating the cost of such care, there is a rising tide of resentment and hostility toward the very system that is expected to deliver health care to the full spectrum of American society. The present health care professional has lost his/her innocence. The tremendous faith and trust the public once felt for physicians, hospitals, pharmacists, nurses, clinicians, and other paraprofessional health care workers has given way to an ever-increasing sense of suspicion. It is no longer presumed that these elements of the health care system are basically good and have as their primary concern the treatment and cure of sick and diseased humans. Instead, the public is subjected to mass media scrutiny of health care which regularly reports examples of physician greed, insurance fraud, hospital mismanagement, and scores of other sensational examples of how health care is "ripping-off" the American consumer. Unfortunately, the health care professional has been slow to cope with the future shock created by this loss of innocence.

I would suggest that the greatest challenge for communication scholarship is to assist health care administrators understand the impact of this changing social attitude on the communication patterns of the health care system.

It is rather frustrating to realize that most Americans are relatively ignorant of the complex structure of our health care delivery system. Most of us know, however, that health care is expensive, and we have heard the often repeated statistics--i.e., the cost of health care represents 8.6 percent of the Gross National Product; health care costs are inflating at about a 16 percent annual rate; health care costs per capita per year are about 700 dollars; and, the annual budget for health care is inching toward the one HUNDRED-FIFTY billion dollar mark.

We have all heard, too, that it costs General Motors more for employee health benefits than it costs for the steel GM uses annually in the production of automobiles--an argument which prompted one cynic to rebut, "Why don't they start putting steel back into their cars!" It is this type of public concern that leads legislators to proliferate regulations and to debate the merits of treating hospitals in a fashion similar to public utilities. Somewhere buried in this concern over cost control is the concern for quality of American health care.

It is not difficult to understand why most are ignorant of how the health care system works. It is, to use the metaphor of Smith and Kaluzny's book title, a "White Labyrinth." It is a labyrinth of special interests--drug companies, medical and nursing schools, acute-care hospitals, nursing homes, paraprofessional licensing agencies, governmental regulating agencies,

community interests, medical societies, professional organizations, governing boards, and countless other factors that influence the cost, quality, and quantity of health care provided Americans.

Judging from the research we surveyed in this paper, we are inclined to conclude that academicians who are studying health care have been slow to accept the systems view of health care. Instead, we find the bulk of dissertations still focus on the obvious communication roles of the nurse, physician, and their interactions as professionals with various kinds of patients. These are certainly important communication roles, but they are not the major dimensions of health care organizational communication, nor are the the areas where the real communication crises are happening in the health care system.

If the communication scholar wishes to assist health care administrators solve some very consequential "real world" communication problems, it will be necessary to research and develop a useful body of information aimed at assisting the health care system adapt to changing social conditions and to continue to evolve as a necessary social system.

A student in my Health Care Organizational Behavior seminar recently observed that the hospital industry can be likened to a dinosaur. The student works for the California State Department of Health and was responsible for writing the Certificant of Need cost-containment regulations. It was the frustrating realization that the regulations were not solving the cost problem, that led him to suggest that the hospital system does not have any useful form of adaptative feedback. Instead, the health care system is forced to rely on governmental feedback in the form of regulations which

are written by bureaucrats who are responding to the exigencies of a political system that is often quite separate from the health care environment. The problem is compounded, too, by the tendency to view the bureaucrat as the enemy. This thwarts sharing of information except the perfunctory data required by the California Health Facilities Commission, or its counterpart in other states. Because of this, the student reasoned, the health care system is quite analogous to the dinosaue struggling to survive. And, survival in its present form seems unlikely because the primary adaptative feedback is coming in the form of regulations based on external political and economic exigencies rather than feedback generated by the health care creature's own immediate survival needs.

The purpose of this paper is to examine the efforts scholars in a wide variety of disciplines have made to understand the communication dimension of the health care system. The paper examines what kind of corrective feedback is currently offered by academic scholarship. The paper surveys doctoral research conducted since January 1975, highlighting the types of methodologies, the subjects of investigation, and the type of hypotheses explored. The final section of the paper contains a critical appraisal of the relevancy of this research to the current communication problems that plague a health care facility.

SOME GENERAL TRENDS IN HOSPITAL RESEARCH

Anyone familiar with hospital organizational research has probably run across the name Basil S. Georgopoulos, University of Michigan professor. In 1975 he published Hospital Organizational Research: Review and Source Book.

The volume reports on 1054 studies of hospital organizations which appeared in print during the decade 1960-1970. The purpose of Georgopoulos' massive volume was to define the scope of research conducted, to classify it in terms of methodologies, and to evaluate it in terms of five considerations: substantive relevance, theoretical usefulness, probable significance, methodological adequacy, and overall quality index. His own methodology was rather complex, but in essence, he asked groups of scholars to use his scales and evaluate literally all of the research published during the decade. We would not recommend Georgopoulos as pleasure reading, but would commend it to any scholar interested in gathering a rather comprehensive view of the variety of approaches used to investigate hospital organizational behavior. For those who would rather pass on this assignment, we can briefly summarize his findings:

1. The quantity of hospital organizational research in the 1960's increased rapidly and substantially over time. The quality of research, on the other hand, did not keep pace with the expansion and growth of research. In fact, on the average, research quality declined over time except in the case of dissertations and unpublished studies other than master's theses.

2. Master's theses reported the lowest quality studies during the 1960's followed by research monographs, and then journal articles.

3. The more theoretically oriented, more carefully conceptualized, and more explicitly defined research in terms of objectives--what he calls "propositional studies"--were by far the best in overall quality.

4. What is needed at this stage is not more exploratory studies or case studies--but more rigorous and theoretically sound studies of research problems that have been already explored and delineated--perhaps including evaluative studies. In short, less exploratory studies and more propositional research should be the direction of the field in the 1970's.

5. Regardless of specific time period or form of literature considered, the results show that survey designs were by far the most prevalent methodology in the field during the decade, while experimental and quasi-experimental designs were the least frequent. Nonexperimental field studies other than studies occupied an intermediate position.

6. The most obvious and least suprising conclusion was that the questionnaire and interviews were overwhelmingly the predominant data collecting instruments in the 1960's. Next most popular were combinations of two or more techniques from among the following: questionnaires or interviews, observations, records and tests. In third, fourth, and fifth place were observations, secondary analysis techniques, and records. Least used of all were tests.

7. The best research during the last decade was conducted in the folloiwng areas: functional or task-centered work relations; human relations; medical staff organization and institutional patterns; nursing staff organization and institutional patterns; and social-psychological characteristics of the nursing staff.

Do these generalizations about research in the 1960's apply to recent hospital communication research? The desire to answer this question was part of the motivation for surveying recent hospital organizational communication studies.

SURVEY OF RECENT LITERATURE

We limited our search of literature to those studies that were reported in Dissertation Abstracts between January 1975 and present. We accepted Georgopoulous' assertion that the highest quality research would be at the doctorial level. In addition, we only recorded studies that were conducted in acute-care general hospitals--this excluded us from reporting on several studies conducted in mental hospitals, skilled nursing and convalescent homes, hospices, and research conducted exclusively in nursing and medical schools. We did not report on the hundreds of journal articles primarily because after several days of research we concluded that many, if not most, fell into the category of "translation"articles--that is, articles that simply translate communication theory and principles into professional guidelines such as "how to improve interpersonal skills of nursing staff." Communication theory

and practice articles appeared in literally every professional and trade journal of the hospital industry--but, as Georgopoulous noted, most of these journals tend to report low quality articles. Our decision, then, was to distinguish communication pedagogy from communication research.

The attached matrix displays the sixty-nine doctoral studies we judged to be totally or substantially dealing with hospital organizational communication behavior. The vertical axis of the grid displays the studies in terms of their research methodology. The horizontal axis displays the types of studies. It should be most apparent that recent communication research mirrors the same pattern described in Georgopoulous' survey.

The second part of our survey categorizes the communication studies by type and by topic. Attachment #2 is an annotated listing which describes the purpose of each study and the hypotheses when known.

A CRITICAL APPRAISAL

What did we learn from this survey of literature? We were intrigued and at times amused at the scope of organizational communication studies conducted in hospitals. It was suprising, too, to discover that most of Georgopoulous observations appear to hold true for recent organizational communication research. The survey technique seemed most popular--perhaps because it it the most convenient method for collectigg data. Certainly it is far more difficult to develop control conditions and use experimental methodologies--and one has to be careful of experimental research that might contaminate the quality of care afforded patients. We cannot resist noting, too, that the survey technique is often used by "outsiders" who wish to study organizations. It is far more difficult to use field study techniques

and actually observe first hand health care communication behavior. Such techniques may only seem feasible to "insiders" familiar enough with the system that they can judge for themselves. Recent restrictions on the use of survey sampling, however, may make it more difficult for scholars to study health care systems externally.

Another conclusion we draw from our survey is the observation that certain universities seem most active in hospital organizational research. For example, University of Utah, The Catholic University of America, Columbia University Teachers College, and the University of Texas Health Science Center. It doesn't appear that too many Western States Universities are specializing in such programs.

Certainly the data should also demonstrate to Speech-Communication scholars interested in organizational communication that there are a wide variety of avenues one can use to explore communications in the acute-care hospital setting. We found it curious that so few of the recent doctorial studies were conducted under the auspices of Communication departments. Instead, they came from health science departments, psychology, sociology, economics, business administration, nursing schools, and departments of religion. Perhaps we are missing a great opportunity to demonstrate the relevancy of our theory, models, and practices to real world problems. We would encourage all Communication Studies Departments to acknowledge the need for productive, relevant research in this growing area of scholarship.

Perhaps the most important question we might address in appraising the scope of academic research in health care organizational communication is this: "Is this bulk of research relevant to the most immediate needs of the health care institution in its efforts to adapt and survive? In other words,

do we see any gaps in the research topics reported and the needs of health care organizations to better address their communication problems? Our response is an unqualified "YES!" Even though health care organizational communication scholarship is alive and prospering, there is the need to change direction and spend less time examining the traditional transactional roles of nurses, patients, and doctors, and more time on exploring the other equally important aspects of the health care system. For example, a general acute-care hospital is comprised of up to twenty-five separate and distinct departments. It would be useful to look at the communication problems within the various service areas: housekeeping, medical records, dietary, laboratory, personnel, administration, admitting and business office, home-care coordinators, medical committee structure, central service, etc. The spin-off of research in these areas would be to legitimize the utility of communication research across the entire spectrum of a hospital. In time, we might see evolve as a professional role the position of staff communication consultant--similar to the position of a hospital based industrial engineer.

There are several other areas of organizational communication research we feel should receive high priority on the list of relevant areas for research. Here's a partial list:

1. Unionization of hospitals--how do unions impact on the communication patterns of hospitals?
2. Communications with the consumer--how can a hospital develop an effective communication system for explaining itself to an increasingly unsympathetic consumer.
3. Measurement of the public's perception and attitude toward health care system--what are the salient dimensions of the consumer's attitude toward health-care--a kind of audience analysis.
4. The communication problems inherent in hospital marketing strategies. Most hospitals are now faced with the need to begin marketing their services in the traditional sense of the term "marketing."

5. Communication problems inerent in breaking down the adversary relationship with legislators--exploring ways to improve communication between legislators and health care. We need to better understand why the system is failing and what can be done to improve the exchange of information.

6. Communication problems surrounding the relationship between the hospital and various regulating agencies. Again, where is the system breaking down, and how can we keep it from being an adversary relationship.

7. Communication problems inherent in the relationship between the mass media and health care institutions. What is the structure of this relationship and how can it be improved?

Obviously, this list is not exhaustive. It does reflect a strong bias, however. We are convinced that greater effort must be exerted to understand the external communication system of the hospital organization. Certainly we must continue to study and develop better methods for solving the interpersonal problems of the health care practitioner and the patient. This is especially true in a time when there is great fear that health care is becoming depersonalized and dehumanizing. But an equally important need is to understand how the communication system of the hospital can be used to help the system adapt to what has become a rather hostile environment. We would hope that this paper might stimulate speech-communication students to consider undertaking research in the area of hospital organizational communication. Professional pride causes us to want high quality to emerge from our own scholars--high quality research that can assist the health care dinosaur with useful adaptative feedback. Imagine the potential of the academic dinosaur assisting the health care dinosaur in obtaining useful adaptative feedback--who knows, both may survive, evolve, and prosper to the benefit of all of us.

Attachment #1 was removed due to marginal reproducibility

 ATTACHMENT #2

LISTING OF STUDIES BY TYPE AND TOPIC

SURVEY STUDIES

Bartol, Genevieve Marie.

Study identifies styles of conflict management used in co-worker relationships by nurse practitioners employed in hospital settings.

Brady, Madeleine Mary.

Study determined differences in attitudes of one-hundred twenty-eight non-psychiatric nurses toward patient who has, or has not had a history or previous psychiatric hospitalization.

Caterinicchio, Russel Paul.

Study tests the following hypotheses: 1) the greater the degree of continuity of treatment, the greater the degree of trust in the physician; 2) The greater the frequency of successful treatment, the greater the degree of trust in the physician; 3) the greater the frequency of successful treatment, the greater the degree of perceived positive health gains from the treatment; 4) the greater the degree of trust in the physician, the greater the degree of perceived positive health gains from treatment; 5) the greater the degree of perceived symptomatic severity, the greater the level of treatment anxiety; 6) the greater the degree of perceived positive gains from treatment, the lower the level of treatment anxiety; and, 7) the greater the degree of tolerance of treatment pain intensity; 8) the lower the level of treatment anxiety, the greater the degree of tolerance for treatment pain duration.

Coleman, Kevin Patrick.

The purpose of the study was to 1) identify stimuli that produce high anxiety levels in pediatric surgical patients; 2) prevent or lessen development of anxiety prior to hospitalization; and, 3) develop and test specific techniques for determining those anxieties that seem to be hospital induced.

Crandall, Lee Alden.

Hypothesis: The strength of any attitude-behavior relationship varies depending on the situational barriers to the use of physician's services with which a person is confronted.

Davis, Thomas S.

Study measured effectiveness of six hospitals in relation to need satisfaction of patients, physicians, and employees. Evaluated management functions within the least effective hospital and most effective to determine the extent of relationship between need satisfaction and management functions.

Futrell, May DiPieto.

Study investigates the attitudes of physicians, nurses, and social workers toward the elderly, and health maintenance services for the aged.

Galbaugh, Julia Jean.

Hypotheses: 1) attitudes toward death change as a person confronts death more often, beginning as student nurse, and ending with the practicing, experienced registered nurse; 2) certain hursing personality types show more or less concern toward death.

Gant, Sheila Patricia.

Organizational analysis of a university hospital with attention focused on: recruitment and selection, organizational structure, control, training, motivation, creativity, teamwork, management philosophy, succession planning and management development, organizational aims, and rewards.

Geigle-Bentz, Frances Lee.

A description of communication, democracy, leadership, roles and the team in the interdiciplinary health care team approach.

Harlow, Jeffrey Lynn.

Study designed to determine to what degree there are differences in behavior and attitudes or nurses exposed to three types od desensitization in regard to 1) behavior to terminal patients; 2) death anxiety; 3) fear of tissue damage; and 4) anxiety about nurse/terminal patient contact.

Harris, Reuben Travis, Jr.

Hypotheses: Organizational client orientation will be positively related to both differentiation and patient evaluations. Investigates the question "Are there certain characteristics of health care organization which hinder or facili-ate the ability of health care organizations to effectively meet patient needs?"

Hearn, Martha B.

Study designed to identify the perceptions of practicing and prospective health professionals regarding roles of the nurse practitioner in health care.

Hurley, Barbara Ann.

Study explores the kinds of interaction problems, contextual and internal, that nurses encounter with dying patients. Study identifies the strategies which nurses utilize to handle conversations with dying patients.

Keating, W.D.

Attitude and opinion survey of employees at an Ohio hospital to determine the overall work environment of the institution.

Kolditz, Doreen and Naughton, Rose Ann.

Descriptive study to learn patients' definitions of recovery from acute illness, and to determine how selected sociilogical variables might affect these definitions.

Kusina, Sister Mary Immaculata.

Hypothesis: An attitudinal assessment of the groups being studies will render an index of St. John's medical center's Communications and Human Relations status.

Lena, Hugh Francis III.

Studies how and why hospitals are organized the way they are for the delivery of medical care. Discusses the communication aspect of the organization.

Marshall, Kerry.

Survey Nurses' attitudes toward other members of the "health care team."

McNamara, James J.

A study to design, conduct, and evaluate a pilot program for developing staff awareness and concern for patients' needs in a university hospital.

McGowan, Geraldine M.

This study examines the relationship of organizational structural characteristics with hospital nursing departmental performance.

Mosley, John Colbert.

The design, implementation and evaluation of an inservice training program to improve the interpersonal communication attitudes and behaviors of selected staff members--reports on experience i setting up such a program.

Newman, Mary Anne.

Study demonstrates how to use sensitivity training, overt and covert, on a daily basis in an effort to inculcate para-medical students with humanistic psychology principles.

Nix, David E.

Author describes management styles in selected hospitals. He determines if managerial behavior in the hospital varies as a function of hospital size. Also, investigates whether managerial behavior varies among different managerial levels in the hospital.

Northrop, Celeste C.

Study describes the decision-making process during nurse-team conferences in psychiatric units of general hospitals.

Oberst, Marilyn T.

Author wishes to determine the relationship between the degree of patients' suffering inferred by nurses and the extent to which patient and nurse have similar characteristics of age and social class, and whether any alternation of this relationship occurs when patients verbally express their suffering.

Prophit, Sister Penny.

A study to ascertain if there is a relationship between self-disclosure and post-coronary adjustment.

Rivito, Roger A.

A study to develop our understanding of the problem-identification factors at the hospital governing board level. Both structure and focus of board committees were found to be significantly related to the types and sources of data used in recognizing problems of concern.

Robbins, Janet.

Hypothesis: Diabetic patients who receive instruction about their disease under a planned, coordinated program in contrast to patients who receive only incidential instructions, have a better knowledge and understanding about their disease, its treatment , and their own part in care and treatment of themselves.

Ruthson, Philip Dennis.

Study assesses the attitudes of registered nurses in Harris Co., Texas, relative to the process of collective negotiations. Study also investigates factors influencing attitudes of resigtered nurses relative to the process of collective negotiations.

Seidenschnur, Peter-Paul Titus.

Investigates the effects of human relations training upon the work atmosphere and communications skills of a medical unit's staff.

Shade-Zelow, Yvonne.

Study effects of hospitalization on pediatric patients.

Silva, Mary Elizabeth.

Hypotheses: Spouses given orientation information experience less anxiety about and more favorable attitude toward hospitalization and major general surgery than those who do not receive orientation information.

Stolte, Karen Marie.

Exploratory study of the maternity patients' perception of touch during labor.

Weiss, Steven Alan.

Development of four technological scales measuring four dimensions of the scope of hospital services. The scases are designed for purpose of establishing a basis on which hospitals may be classified.

Wieczorek, Rita Reis

Experimental study to determine if the attitudes of baccalureate nursing students toward giving nursing care to the dying child changed following formal classroom instruction.

Wooten, Bobby.

Study examines the benefit of supervisory knowledge of general semantics principles in relation to supervisor-subordinate relationships.

FIELD STUDIES

Carino, Constance M.

Investigate the differences between behavioral system response of disoriented and oriented patients in the intensive care unit.

Comstock, Donald E.

Hypothesis: Differences in the characteristics of work will result in differences in the social structure of organizational subunits.

Flood, Ann Barry.

Measures of power over the selection and retention of staff and over decision-making in the hospital; measures coordination within the medical staff and between medical staff and administration, and measures departmental complexity. Measures are expected to enhance or delimit the capacity of the staff to deliver quality care to patients.

Ford, Jerome Cleveland.

Study discusses the communication problems between doctors and patients from a linguistic point of view.

Friesner, Arlyne.

Study determines the relationship between selected variables of nurse-client communication during teaching and counseling interviews, and client recall of nurse teaching.

Graydon, Donald McDonald.

The purpose of this study is to determine whether or not higher quality care can be expected to occur when a hospital employs a discharge abstract system.

Hodge, Theodore Edwin.

Study explores the effects of critical illness of selected patients on the members of their family, the effects of the families' reactions to the illness of the patient and the therapeutic process, and to identify appropriate pastoral care strategies in such situations.

Kurtz, Suzanne Marie.

Study attemps to answer two basic questions; 1) what manifestations of non-verbal behaviors or cues are exhibited by physicians within the context of the patient-physician interview? and 2) Does the sex of patient have any relationship to physician non-verbal behavior? (Also, which non-verbal cues serve as best predictors for patient interpersonal satisfaction in the physician-patient relationship?

Lehman, Ellen J.

Hypothesis: Rooming-in exhibit less anxiety during hospitalization than non-rooming-in. At follow up, the rooming-in child would show fewer behavioral disturbances than non-romming-in. Rooming-in child would show fewer post-op complications, such as hemorrhaging and vomiting. High anxiety-prone child would be less aggressive in the hospital, have more post-op complications, more negative post-op hospital behavioral changes, and more agressive post-hospitalization behavior than would a child with lower anxiety level. Separation from the child's mother would augment the effects of the child's anxiety proneness.

Martocchio, Benita Claire.

Study examines the social process surrounding the dying process--heavy emphasis on the communication process.

McGill, Mary Elizabeth.

Study validates Robert Bales' Interaction Process Analysis and adapts the method for analysis of staff and patient communications on a hospital ward.

Pride, Maratha Wylie.

This study identifies patterns of interaciton between nurses and patients in labor rooms on two maternity services.

Roberts, Cecilia M.

Study designed to study whether Szasz and Hollander's typology accurately describes the forms of physician patient relationships in the hospital setting. Specifically, study examines what conditions influence the form of the physician-patient relationship; which single influencing condition controls the form of the relationship; how is relationship negotiated; and, is there any difference to be found if the patient is defined as dying?

Rothermich, Arnold Edward.

Description of the formulation, implementaion and evaluation of a training program in interpersonal communication skills for members of a family practice residency.

Strilaeff, Florence.

Job simplification (functional nursing) versus job enlargement (total patient care) has a direct impact on nursing turnover.

Thornton, Barbara Cavanaugh.

A descriptive study of health care teams at the University of Nevada using a communication and general systems perspective.

Thrash, Artie Yvonne Adams.

A descriptive analysis of the rhetoric of physicians 1) as they communicate with their colleagues, and 2) as they communicate with their patients.

EXPERIMENTAL STUDIES

Calvert, Linda McGee.

Hypothesis: Teaching behavior modification techniques and principles to hospital managers, and helping them find ways of applying these tools, should improve the management and the efficiency of the hospital organization.

Collins, Verla Branch.

Hypothesis: The organizational structure known as primary nursing, in an acute care setting will: 1) improve quality levels of nursing care; 2) maximize cost effectiveness; and 3) increase job satisfaction and promote patient satisfaction.

Del Buene, Dorothy Joan.

Hypothesis: Performance of two specific behaviors on-the-job would significantly increase as a result of participating in a continuing education activity.

Fickess, Frances Louise.

Study designed to determine if there are differences in patient recovery and welfare with and without the use of a program of sensory stimulation.

Gribbins, Ronald Eugene.

What effect do patient advisory boards, patient surveys, and patient complaint committees have in generating appropriate physician commitment?

LaJoy, Ronaly Joseph.

Investigation of the effects of a personal characteristic of arrogance and the occupational status and exprtise of a communicator as influences on a series of dependent variables including perception of the speakers trustworthiness, compentence, altruism, and likability.

Millott, James Farrell.

Proposes an economic theory of hospital regulations and constructs a dynamic model of community, non-profit hospital system which is used to examine empirically some of the implications of the theory. Contains a communication dimension.

Powers, Margaret A. and Vanderveen, Marsha.

Patients may have different stress level responses to a threatening procedure (sigmoidoscopy) as a result of different preparatory messages.

Panther, Roger E.

There is a significant difference in a hospital's ability to achieve its objectives more effectively and to assure an acceptable degree of professional management training given to its employees if 1) there is an emphasis on the work group rather than exclusively on the individual, as a unit supervised; 2) if there is a high rate of interaction and mutual influence among work members; and 3) if ther is a high degree of decision making and control activities.

Poynor, Lee Humphreys.

Description of treatment developed and implemented on nurses for the purpose of favorably modifying staff attitudes, feelings, and behaviors in care of terminal patients.

Steele, Donald William.

Evaluation of "death affect communication training program."

SanFlippo, Paul J.

Determine whether a physician's behavioral science perspective was reflected in more adequate medical care.

THEORETICAL STUDIES

Arteberry, Joan Kay.

Advocacy is a behavioral art characterized by the transmission of information, The study theorizes about the types of variables that influence the transmission of client-centered information.

Bangert, Stephen E.

Study theorizes about the problem of ministering patient care with dignity. Author designs a model for inservice education.

Robinson, Vera Marie.

Theoretical study of how humor can be applied in a health care setting as a tool in communication in teaching and intervention.

Traver, Wilma Jean.

Author explains how non-verbal communication can be used as an example to develop a model for teaching human relations in nursing.

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